



250 W. Pratt Street
24th Floor
Baltimore, Maryland 21201-6829
www.umms.org

CORPORATE OFFICE

July 2, 2015

Eileen.fleck@maryland.gov
Eileen Fleck, Chief
Maryland Health Care Commission
4160 Patterson Avenue
Baltimore, MD 21215

RE: Comments regarding the Draft Amendments to the State Health Plan for Facilities and Services: Specialized Health Care Services – Cardiac Surgery and Percutaneous Coronary Intervention Services

Dear Ms. Fleck:

Thank you for the opportunity to provide informal comments to the proposed draft amendments to the regulations regarding cardiac services. The comments shared here are on behalf of the hospitals in the University of Maryland Medical System ("UMMS").

UMMS commends the MHCC for the consistent work and effort shown in considering the important policy decisions and issues reflected in the state Health Plan and these proposed amendments. Indeed, thoughtful consideration is demonstrated. UMMS' comments are offered to enhance the work and effort expressed in the draft regulations.

As a general matter, now that the basic structure and requisite mandates for the governance of cardiac services are outlined, the MHCC should continue efforts to further simplify and streamline the conformance and reporting requirements. This suggestion is especially relevant for hospitals that perform cardiac surgery and PCI procedures. To the extent that reporting timelines can be standardized across services, hospitals may meet the Commission's goals without diverting unnecessary time and effort away from clinical care in favor of administrative tasks.

Eileen Fleck, Chief

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Peer Review

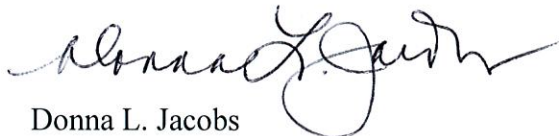
UMMS has a general concern about the proposed amendments to the internal and external peer review requirements for PCI. The current global external random review of 5% of the cases well serves the objectives of the review process. Interventionalists are keenly aware that any case may be chosen for external review and are therefore encouraged to practice appropriately. The proposed change that would require individual operators to have 10% or 10 cases (whichever is greater) reviewed randomly proposes an undue burden on the hospital whether the review is conducted externally or internally. If the hospital chooses to have the review conducted externally, there is significant related expense. If the hospital chooses to have the review conducted internally, the volume of random cases reviewed will consume the time that would otherwise be allotted to internal peer review committees, thus limiting the time for review of cases with complications, cases about which the staff has concerns or interesting/unusual cases. Adequate time to review these sorts of cases is essential for quality improvement and operator education. The Commission should consider retaining the threshold at 5%.

Cardiac Surgery versus Open Heart Surgery

UMMS recommends that the MHCC use extreme caution to avoid artificially excluding cases from volume calculations that should be treated as heart surgery. Regardless of the nomenclature, whenever a procedure is conducted that requires the capacity and capability to perform cardiac surgery, it should be counted in the volume requirement.

Again, thank you for the opportunity to comment.

Sincerely,



Donna L. Jacobs
Senior Vice President
Government, Regulatory Affairs and Community Health
University of Maryland Medical System

cc: Alison Brown
Stephen Bartlett, MD
James Gammie, MD
David Zimrin, MD
Kathy McCollum
Dean Kaster